
Haïti : entre urgence et reconstruction

Une réponse insatisfaisante

Jean-Marc Biquet



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POLICY DEBATE

FAILURE OF THE AID SYSTEM IN HAITI

EDITOR'S NOTE

The 'Policy Debate' section of *International Development Policy* offers a platform where academics, policy makers and reflective practitioners engage in critical dialogue on specific development challenges. The initial lead paper is not peer-reviewed. Instead, it is followed by reactions and critical comments from different stakeholders.

The lead paper below, written by Jean-Marc Biquet (Médecin sans Frontières, MSF), is followed by reactions and analysis from Andrea Binder (Global Public Policy Institute (GPPi) in Berlin). Despite repeated requests to – and commitments from – the UN (UNOCHA in particular) to provide a response, we did unfortunately not get any written reaction to MSF's article. Readers who are interested are invited to contribute to this policy debate on our blog <<http://devpol.hypotheses.org/67>>.

Haiti: Between Emergency and Reconstruction – An inadequate response

Initial contribution by Jean-Marc Biquet

Research Officer at Médecin sans Frontières (MSF – <http://www.msf.org/>).

→ Biquet, J.-M. (2013) 'Haiti: Between Emergency and Reconstruction – An inadequate response', *International Development Policy*, no. 5.2, pp. 129–135, <http://dx.doi.org/10.4000/poldev.1600>.

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'This country has the best chance to escape its past than it's ever had...
As horrible as this is, it gives them a chance to start again.'

Bill Clinton, March 2010.¹

The opinions expressed in this article reflect the opinions of the author and not necessarily those of MSF. The author would like to particularly thank Catrin Schulte-Hillen, Philippe Calain and Aurélie Lachant for their vital contributions.

¹ Reuters (2010) 'Haiti, donors face huge task to 'build back better' <http://www.reuters.com/article/2010/03/28/quake-haiti-donors-idUSN2822043320100328> (Accessed on May 16, 2013).

On 12 January 2010, an earthquake struck Haiti. The cities and towns of Port-au-Prince, Gressier, Jacmel and Léogâne were mostly destroyed. Thousands of inhabitants were killed and hundreds of thousands of others found themselves homeless.²

To make matters worse, the capital, where most of the infrastructure and the administration are concentrated, was severely affected. This was to have a definite impact on the capacity to deploy and organise the relief. The availability of healthcare, which was already underdeveloped³, was completely overwhelmed: 30 of the 49 hospitals in the damaged⁴ areas were destroyed or suffered significant damage. Medical personnel were also deeply affected by the earthquake.

Nearly all actors and observers recognise that the first phase of the earthquake response was adequate. Once the initial days of chaos were over, the mobilisation of aid actors was impressive. Médecins Sans Frontières (MSF) is not the only humanitarian organisation to have said that its post-earthquake investment in Haiti constitutes its biggest single action since its creation.⁵

1. Unkept promises and mixing roles

The former US president, appointed special envoy for Haiti by the United Nations Secretary-General, worked hard to mobilise donor countries in order to fund the response for this devastated country⁶: soon after the earthquake (New York Conference in March 2010), some USD 5.33 billion were pledged by donor countries to rebuild Haiti for the period between 2010 and 2012 alone.⁷ This substantial amount came on top of some USD 3 billion paid by private donors to the thousands of NGOs that mobilised for the emergency and early recovery.⁸

With a sense of urgency, the international mobilisation quickly evolved from emergency relief to aid for early recovery and reconstruction. This paradigm shift corresponded to a shift in priorities: the urgency was no longer to meet the immediate needs of Haitians, but to work on improving conditions to address the needs of tomorrow, by rebuilding the country and strengthening the government through good governance, democracy, etc.⁹

The earthquake – a disaster – became an opportunity to (re)build the country – ‘a once-in-a-century chance for change’ (Oxfam International, 2010). The mobilisation of pledges from donors was just as impressive as the mobi-

² The figures themselves are subject to much controversy. According to the Haitian government at the time, the death toll amounted to 316,000. This figure is contested and reduced by some to a range between 46,000 and 85,000. See BBC (2011) ‘Report challenges Haiti earthquake death toll’ <http://www.bbc.co.uk/news/world-us-canada-13606720> (Accessed on May 16, 2013).

³ According to the PAHO, 40% of Haitians had no physical access to a healthcare service before the earthquake, while the financial barrier prevented the majority of the rest from using existing services.

⁴ Source: Ministère de la Santé Publique et de la Population – Haïti (MSPP) (Ministry of Public Health and Population).

⁵ MSF (2010) *International Activity Report* <http://www.msf.org/international-activity-report-2010-haiti-year-crisis> (Accessed on May 16, 2013)

⁶ This gave him the opportunity to recycle the ‘Build Back Better’ slogan, which he had already used as special envoy to Haiti after the 2008 cyclones. See Clinton B. in MIT Press (2010).

⁷ This figure excludes the reduction of the country’s debt. Data available in: United Nations Office of the Special Envoy for Haiti (2012). In September 2012, only 52.3% of this sum had actually been disbursed.

⁸ Approximate figure provided by the United Nations Office of the Special Envoy for Haiti.

⁹ See the recommendations of the NGOs in CAFOD, Christian Aid, Progressio and Tearfund (2011).

lisation of aid actors: as many as 600 actors enlisted in the Health Cluster, a mechanism to coordinate international actors operating in the health sector.¹⁰

The optimism inherent in slogans was passed on as advice to actors in the field: according to Merlin, for example, it is necessary to 'ensure that all humanitarian responses contribute and build towards the longer term development of the health work force and health system' (Merlin, 2011). The emergency response based on current needs is seen as having a negative impact on the objectives of future development.

Three years on from the earthquake, what has become of the situation in Haiti? Some observers, such as Dara, an independent organisation that has evaluated donors' response to the earthquake, consider that the famous 'Build Back Better' is nothing more than a slogan (Dara, 2011).¹¹

Uncertainty reigns supreme in terms of reconstruction projects, with respect to both those of the Haitian government and those of major donors such as the World Bank.¹² Projects announced amidst much media attention have not begun, apparently for lack of means, such as the construction of a hospital in Carrefour by the Brazilian Cooperation or that of a hospital in Gressier by the Luxembourg Red Cross, etc.

Meanwhile, the Haitian population has heard public announcements of international aid and witnessed its mass deployment, while results in terms of assistance have become less and less visible as time went by. For example, the emergency response aiming to guarantee shelter for the greatest number in the immediate aftermath of the earthquake rapidly provided the vast majority of the homeless with tarpaulins or tents, however, the situation has unfortunately progressed little since then. In fact, the most 'adequate' solutions still depend on development programmes. Many Haitians are still living beneath these tents or tarpaulins almost three years after the earthquake, which is very problematic in a region so susceptible to hurricanes.¹³

This has created a lot of tension between international aid actors, the authorities and the population. Perhaps too easily, distrust towards humanitarian organisations is palpable in both rhetoric and in the field. Cynically, the inhabitants of Port-au-Prince speak of the 'Republic of NGOs'. Identifiable by the colours of their flags and stickers, it is not uncommon for the cars of humanitarian organisations to be stoned.

The reactions of NGOs have been uneasy and the rhetoric more cautious. But the frustration remains: 'Firemen cannot be blamed for extinguishing a fire, but nor can they be asked to reconstruct the building.'¹⁴ Yet there is clearly an imbalance between the means and the energy deployed on the one hand and,

¹⁰ February 2010 figure.

¹¹ Report cited and commented on by the Center for Economic and Policy Research (CEPR) (2012) *Evaluation of Donor Response to Haiti Earthquake Shows 'Building Back Better' Nothing But a Slogan* <http://www.cepr.net/index.php/blogs/relief-and-reconstruction-watch/evaluation-of-donor-response-to-haiti-earthquake-shows-building-back-better-nothing-but-a-slogan> (Accessed on May 16, 2013).

¹² Whose webpage for 'Projects and Operations' in Haiti gives 'No records found'. Accessed 30/11/2012 - <http://web.worldbank.org/external/projects/main?pagePK=217672&piPK=64625826&theSitePK=2748750&menuPK=2805029&category=regcountries®ioncode=8&countrycode=HT>

¹³ 370,000 people are still living in tents according to OCHA figures (September 2012).

¹⁴ Pierre Salignon, Director-General of Doctors of the World, interviewed in the magazine *Là-Bas* (January 2011) <http://www.labas-mag.fr/wp-content/uploads/2012/01/LB0016pages1.pdf> (Accessed on May 16, 2013).

on the other, the limited results – or perceived results – of the collective effort made by aid actors. And the gap between what this discourse suggested and the reality is immense. Major donors and the Haitian government obviously bear a heavy responsibility, and the actors in the field have theirs. By promoting the belief in a rapid recovery, they participated in fostering frustration.

The competition for media exposure – a supposed guarantee for access to funding –, the media pressure requiring the prevailing discourse to continue in the absence of new information to provide, or the need to provide token evidence to financial backers may potentially explain part of the lack of congruence between the promising messages conveyed, the visible deployment of actors and the actual results of this deployment. But other factors explain the rapid shift – at least in the rhetoric – towards immediate recovery.

The automatic and systemic nature of the transition in the order of priorities from the emergency to the reconstruction phase appeared to lack substance and be more part of a sequential theoretical model than the fruit of a rigorous analysis of the situation.

Yet while immediate recovery is perhaps conceivable in the very short term in some aid sectors (education, agriculture, etc.), this cannot be the case in the health sector as long as the Haitians do not determine themselves what health system and policy they would like to establish and as massive means in terms of infrastructure and training have not been invested.

The shift to the slogan ‘Trade not Aid’, advocated by the recently elected president in Haiti and reprised by the major donors,¹⁵ could be based on the same principle of reality denial:¹⁶ in the mobilisation of efforts and resources, focusing on what may pave the foundation for decent and dignified living conditions for all in Haiti while, in the interim, hiding the fact that entire segments of Haitian society are without access to basic services (medical care, housing, water, etc.). Yet this should be one of the main drivers behind the mobilisation of aid actors and their sponsors.

2. The aid apparatus has become an obstacle to the emergency response

The current system of relief provision was modelled some years ago in response to past shortcomings.¹⁷ The international community’s efforts to coordinate emergency relief led to the creation of a formal system, set up to rationalise ‘humanitarian aid’ as a whole. Today, this system is based on a Consolidated Appeal Process (CAP) for financial support, inter-organisational planning processes and ‘collective’ communication with the public, in the name of all.

Our view, however, is that the actual capacity of the emergency relief deployed has not improved.

The flood of actors makes the need for coordination between them very important. According to the model, the creation of clusters (groups of actors

¹⁵ Such as the Clinton Bush Haiti Fund or Canada.

¹⁶ For example, see the comments by William H. Frist published in the Washington Times (2012) *Helping Haiti build back better – A hand up, not handouts* <http://www.washingtontimes.com/news/2012/jul/13/helping-haiti-build-back-better/> (Accessed on May 16, 2013).

¹⁷ To return to the origins of the introduction of the reform of the previous system initiated in 2005, see the 2005 ‘Humanitarian Response Review’.

combined by sector of activities and skills: shelter, health, food aid, etc.) should help to organise the aid and prepare the response to new emergencies.

Thus, immediately after the earthquake, the Ministry of Public Health and Population (MSPP), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and many NGOs, in addition to other actors in the health domain, began to contribute to the effort in the field to ensure that Haiti would be ready in the event of a new emergency. In September 2010, emphasis was placed on the risk of hurricanes. The likelihood of a food crisis, another earthquake and an epidemic were also included in the envisaged scenarios.

Despite this preparation, the coordination system appeared to be profoundly lacking in the face of the cholera epidemic that took hold in October 2010. The epidemic was particularly virulent and came during a very tense electoral period. The Haitian Health Ministry (MSPP) quickly assumed control of operations. One of its first decisions was to push aside the Health Cluster, which had been established for this very purpose, and directly seek out operational actors to act immediately. Within three months, 209,034 cases and 4,030 deaths were recorded.¹⁸ It was a new disaster, the number of victims rapidly surpassing the total number injured by the earthquake.¹⁹

The first reaction by the UN-steered aid coordination mechanisms was to launch a funding appeal to respond to the epidemic. Yet this was at a time when, according to some reports, the funds collected in the aftermath of the earthquake were far from being spent.²⁰

But in terms of the reaction to the cholera epidemic itself, the humanitarian coordination and its many actors did not appear to budge. Some 80% of patients received in the first three months were taken in by two actors which were not part of this Health Cluster 'coordination system', namely the Cuban medical brigades and MSF (the remainder were treated by twenty-odd organisations, including the Haitian Health Ministry).

This period of time was actually necessary for the mobilisation to materialise in other actors effectively taking charge.²¹ Further still, this mobilisation did not last, as shown by a report from a US research centre published under the title *Not Doing Enough: Unnecessary Sickness and Death from Cholera in Haiti* in August 2011 (Johnston J. and K. Bhatt, 2011).

The response in terms of water, hygiene and sanitation – so crucial in the face of this disease – was cruelly lacking, forcing MSF notably to take charge of these needs.

It is not the individual willingness of each organisation to react that we want to question,²² but rather the collective capacity to meet the expectations: emergency preparation – at the heart of OCHA missions – that was found

¹⁸ Source of the Haitian Health Ministry (MSPP). These figures are approximate, as it is very likely that many cases have never been recorded.

¹⁹ More than 614,000 cases listed by the MSPP in November 2012.

²⁰ *The Huffington Post* (2010) 'Major Aid Organizations "Duped Donors" and "Failed Haiti" Group Charges', http://www.huffingtonpost.com/georgianne-nienaber/major-aid-organizations-d_b_785847.html (Accessed on May 16, 2013).

²¹ The French Red Cross says it immediately opened its first cholera treatment centre on 25 January 2011. Save the Children announced the opening of its first centre on 4 January 2011.

²² Some have done their utmost, but often by confining their response to the areas where they were already deployed.

lacking in the face of cholera. It was as if the quest for ‘a [perfect] solution’²³ did not bring ‘any real added value to the response.’ It was as if, in the end, it was limited to making an inventory of the virtual capacities in a roadmap comprising each actor, its deployment areas, its financial backing, its available stock and its staff under the heading ‘intervention resources’. The sum of these resources forms an effective response mechanism in theory, but inoperative in practice as soon as one actor in the chain is lacking. The system legitimises all actors that aim to take part, regardless of their real capacity or impact.

In the United Nations cluster system, relations between the various actors are standardised: Consolidated Appeal Processes (CAP), subcontracting and framework agreements with which the actors must comply in the countries where they conduct their operations.

Funding and directives are passed down from top to bottom, while reports on ‘achievements’ and ‘lessons learned’ circulate from bottom to top. Each change in action involves an accompanying change in agreements between actors and donors. This mechanism explains the paralyses and the system’s lack of flexibility. It favours neither rapid response in a constantly evolving environment nor the deployment of effective emergency relief.

Each failure or delay on the part of an involved actor leads to dysfunction throughout the chain and can potentially lead to inaction. However, no one party is guilty, as the responsibility is shared, and no one party complains because all feel responsible.

In the case of Haiti, very little space was given to debating the very practical and technical questions necessary to meet real needs.²⁴

In light of the shortcomings of the international community’s humanitarian response since the reform initiated in 2005, large traditional NGOs, combining to form a consortium, launched a ‘transformative agenda’ process with the aim of providing improvements to aid organisation and coordination processes (IASC, 2012). But based on the same aim to standardise, centralise and control the response, mixing reflection on needs and competition for access to funding, hopes of tangible improvements are, at this stage, thin.

It is therefore legitimate to ask how much leeway (independent assessment, evaluating constraints and action) such a system allows and whether this system exists for itself or to respond to real needs.

Two years after the onset of the cholera epidemic, and despite the Haitian Prime Minister having declared it under control,²⁵ several thousands of cases

²³ In reference to the United Nations inter-agency website aiming to exchange information in order to improve humanitarian coordination in emergencies: <http://www.onerresponse.info>.

²⁴ A subgroup (mini cluster) involving the largest NGOs active in the health domain was created. It met separately with a view to working more efficiently. But even in these conditions it was difficult to deal with medical questions and problems relating to the health system. Differences in involvement (primary healthcare, hospital care) and philosophies between the various organisations (integrated in the MSPP, private healthcare) as well as different policies and modus operandi account for this phenomenon. All in all, close to seven subgroups were created in the health domain. Actual participation represents the equivalent of a full-time job for the coordinators of some organisations.

²⁵ Statement by the Prime Minister on 26/9/2012 cited by newspaper *Française Nouvelles*, ‘Haïti PM, dit épidémie de choléra sous contrôle’ <http://www.francaisenouvelles.com/haiti-pm-dit-epidemie-de-cholera-sous-contrôle/> (Accessed on May 16, 2013).

were still recorded in 2012. In November 2012, MSF's cholera treatment structures were still receiving 250 new cases per week.²⁶

An ambitious plan to eradicate cholera within 10 years has recently been announced.²⁷ This MSPP plan, with the backing of CDC Atlanta, PAHO and UNICEF, will require the mobilisation of USD 2.2 billion, the first millions of which are yet to be found. Yet another empty promise, at a time when caring for the sick is yet to be integrated into the range of services offered by the medical structures of the MSPP.²⁸

Haiti has experienced a one-off situation, suffering two large-scale disasters in quick succession. This context obviously has its own characteristics, such as the weakness of the state as a provider of basic public services to its citizens or the historic deficit in terms of reputation of the United Nations as such. The fact remains that it would be irresponsible to hide behind the later exception and shy away from questioning the coordination system and the real capacity for aid that it offers, in addition to its propensity to promise more than it can deliver...

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²⁶ MSF (2012) 'Haiti: Cholera remains major public health problem' <http://www.msf.org/article/haiti-cholera-remains-major-public-health-problem> (Accessed on May 16, 2013).

²⁷ Trenton, D. 'Haiti, DR Hope to Eliminate Cholera with \$2.2 Billion Plan with International Groups.' *The Washington Post*, 28 Nov. 2012. Web. 30 Nov. 2012

²⁸ In the city of Port-au-Prince, MSF provides care for 62% of the sick.

Is the Humanitarian Failure in Haiti a System Failure?

A comment on Jean-Marc Biquet's critique 'Haiti: Between Emergency and Reconstruction – An Inadequate Response'

Reaction by Andrea Binder

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<<http://www.gppi.net/>>.

→ Binder, A. (2013) 'Is the Humanitarian Failure in Haiti a System Failure?', *International Development Policy*, no. 5.2, pp. 136–144, <http://dx.doi.org/10.4000/poldev.1625>.

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It has become common sense in humanitarian circles to refer to the emergency responses to the 2010 Haiti earthquake and subsequent cholera outbreak as a failure. *Médecins Sans Frontières* (MSF) began doing so publicly in a December 2010 article published in *The Guardian*.²⁹ In this regard, Jean-Marc Biquet's article – 'Haiti: Between Emergency and Reconstruction. An Inadequate Response' – reflects a long list of publications that describe and analyse the international system's shortcomings in responding to Haiti's twin 2010 disasters.³⁰

There are, however, two arguments in Biquet's piece worth examining in more detail. First, he claims that the earthquake and cholera responses were inadequate because the resources mobilized, and the international promises to quickly 'build back better', did not match the results expected by the Haitian people. In doing so, Biquet implies that expectation management is an important part of a successful humanitarian response. This point is rarely made in the humanitarian discourse regarding the success or failure of individual operations. This comment will thus consider Biquet's argument about expectation management in more detail.

Second, Biquet argues that with respect to effective emergency response, the mainstream international humanitarian system itself is the problem, rather than the solution. MSF has made this assertion about system failure, or the risk thereof, from the inception of the humanitarian reform agenda and the introduction of the cluster system in 2005.³¹ It is one of the reasons MSF does not officially participate in cluster coordination. For many in MSF,

²⁹ Unni Karunakara (2010) *Haiti: Where aid failed*. <http://www.guardian.co.uk/commentisfree/2010/dec/28/haiti-cholera-earthquake-aid-agencies-failure> (accessed 22/07/2013).

³⁰ See, for example Katz, Jonathan M. (2013) *The Big Truck That Went By: How the World Came to Save Haiti and Left Behind a Disaster*. (New York: Palgrave MacMillan); Ramachandran, Vijaya/Julie Walz. 2012. 'Haiti: Where Has All the Money Gone?' (London: Center for Global Development), <http://international.cgdev.org/blog/haiti-where-has-all-money-gone>, accessed 26/07/2013; Ramachandran, Vijaya. 2013. 'Haiti's Earthquake Generated a \$9bn Response – Where Did the Money Go?', <http://www.guardian.co.uk/global-development/poverty-matters/2013/jan/14/haiti-earthquake-where-did-money-go> (accessed 26/06/2013).

³¹ See Médecins Sans Frontières. *International Activity Report 2006*. 'United Nations: Deceptive Humanitarian Reforms?', <http://www.doctorswithoutborders.org/publications/ar/report.cfm?id=3230>, accessed 26/07/2013; Derderian, Katharine et al. 2007. 'UN Humanitarian Reforms: A View from the Field.' *Humanitarian Exchange Magazine* (39) 2007. <http://www.odihpn.org/humanitarian-exchange-magazine/issue-39/un-humanitarian-reforms-a-view-from-the-field>, (accessed 26/06/2013).

the Haiti case serves to prove their point. This argument – unlike the first regarding expectation management – has been made over and over again. This review thus asks: Does Haiti really prove the system is faulty? What alternative approaches to the cluster system are MSF and other critics promoting?

Successful Humanitarian Operations are a Function of the Capacity to Deliver and the Integrity to Manage Expectations of Aid Recipients

Let's begin with the first argument. A successful collective humanitarian operation is an equation with two variables: the capacity of humanitarian actors to deliver and the integrity to manage the expectations of the affected population.³²

The massive scope of the emergency relief the international community levied in response to the earthquake in Haiti is well known. Yet, despite this enormous mobilization of financial and human resources, the results did not match expectations. Biquet argues this asymmetry between outcome and expectations is due to the fact that many international actors promised the unachievable: to 'build back better', as stated by Bill Clinton, and to affect a quick recovery in a chronically poor country with a long, troubled history of successive natural disasters, social unrest, bad governance and unfair trade regulations.³³ In his piece, Biquet finds these promises to be disingenuous, or 'reality denial' (p. 3), given the scale of death and destruction caused by the earthquake. Slogans such as 'build back better' and 'trade, not aid', while primarily targeted towards public and private donors in rich countries, raised expectations of a better future among Haitians. But the situation of many Haitians affected by the earthquake has not significantly improved since the early stages of the international response. Who is to blame?

Before Biquet moves on to the standard answer to this question – the Haitian government, major international donors and, to some degree, humanitarian organizations – he makes an interesting point: '[T]here is clearly an imbalance between the means and the energy deployed on the one hand and, on the other, the limited results – or perceived results – of the collective effort made by aid actors. And the gap between what this discourse suggested [with respect to building back better and quick recovery] and the reality is immense' (p. 3).

In other words, the failure of the earthquake response is a matter of its perceived results. That is, as Biquet points out, success and failure do not depend solely on objective measures. They also depend on perceptions. The extravagant promises made to impress donors and motivate the Haitian government belittled the actual results achieved. The fact that 279,000 Haitians remain homeless is as much the result of structural urban poverty in Haiti as it is reflective of the limits of the international emergency response.³⁴ As one Haitian government employee pointed out during the IASC real time evaluation:³⁵

³² Biquet makes this argument implicitly, but I believe the way I present it here reflects one of the author's key points, made in the section 'Unkept Promises and Mixing Roles'.

³³ For example Paul Farmer. 2006. *The Uses of Haiti*. Common Courage Press; and Paul Farmer. 2011. *Haiti After the Earthquake*. (New York: PublicAffairs).

³⁴ <http://emergingfrontiersblog.com/2013/07/19/haiti-sees-big-drop-in-quake-homeless/>, last accessed 26/07/2013.

³⁵ Francois Grünewald and Andrea Binder. 2012. 'Inter-agency Real-time Evaluation in Haiti: 3 Months After the Earthquake.' (Plaisians: Berlin), http://www.gppi.net/fileadmin/media/pub/2010/binder_2010_haiti-RTE.pdf, (accessed 22/07/2013).

‘The problem of the international humanitarian community is that they have to mount an emergency shelter response without being able to distinguish between those who are homeless anyway and those who are homeless due to the earthquake. My guess would be that at least 30 per cent of the people under tents and tarpaulins in Port-au-Prince belong to the former group.’³⁶

This example is paradigmatic of the overall situation in Haiti, applying equally – as Jean-Marc Biquet demonstrates – to other basic services such as access to clean water or healthcare. Managing expectations, rather than creating false hope, is therefore an important responsibility of the humanitarian community. Given the Haitian context, Biquet’s tacit argument that the optimistic slogans were disingenuous promises is thus a harsh, though not misplaced, criticism.

It sheds light upon a problem rarely discussed in humanitarian circles. The messages and slogans invented in New York, London or Geneva to impress public and private donors affect people on the ground. Their effect on the Haitian people became obvious during the beneficiary consultations and focus group discussions conducted with Haitian humanitarian organizations during the IASC real time evaluation. Haitians complained about the way they were portrayed in Western (media) reports, while also expressing hope in the promise that this would be a turning point for Haiti, and thus their personal history.³⁷

Communication was an important issue throughout the earthquake response, not least because the international humanitarian community had difficulties managing the international media during the early stages of the disaster (Grünewald, Binder 2010)³⁸. Furthermore, the Communication with Disaster Affected Communities (CDAC) piloted its first field presence in Haiti, using radio shows, travelling events (‘Koute Ayiti’ – Listen to Haiti) and SMS to establish two-way communication between the aid community and Haitians. CDAC Haiti also provided support for the coordination of the international humanitarian community’s communication strategy.³⁹ Nevertheless, the discussions regarding the role of communication in the earthquake response did not recognize that in a virtually connected world, the messages created for domestic audiences in the West are also available to the affected people. Consequently, managing the expectations of affected governments and populations through sensible, realistic messaging should become part of humanitarian organizations’ operational duties. If any humanitarian response is

³⁶ Conversation of the author with an employee of the Ministry of Youth and Education, Port-au-Prince, April 2010.

³⁷ This was one of the motivations for the production of the evaluation movie directed by Francois Grünewald to complement the IASC real-time evaluation of the earthquake response. The movie is available online at <http://vimeo.com/15198053> (accessed 22/07/2013).

³⁸ Francois Grünewald and Andrea Binde (2012) ‘Inter-agency Real-time Evaluation in Haiti: 3 Months After the Earthquake.’ (Plaisians: Berlin) http://www.gppi.net/fileadmin/media/pub/2010/binder_2010_haiti-RTE.pdf (accessed 22/07/2013).

³⁹ CDAC provides coordinated communication services in crisis situations so that humanitarian actors can inform the affected population and enable the population to report back to them. <http://www.cdacnetwork.org/public/content/cdac-haiti-and-koute-ayiti-caravan> (accessed 26/07/2013); Cecilia M. Ljungman (2012) *CDAC Haiti Learning Review*. http://www.cdacnetwork.org/sites/www.cdacnetwork.org/files/cdac0612_haiti_lr_005_full_0.pdf (accessed 26/07/2013).

to be perceived as successful, learning this lesson from Haiti is key. During the cholera response, which the Western media covered only marginally, the attention paid to communication, including the engagement of CDAC Haiti, paled in comparison to that of the earthquake response.⁴⁰

Do the Haiti Responses Indicate Systemic Failure?

Like many others, Biquet insists that the mistakes made in response to earthquake in Haiti are symptomatic of system failure. There certainly is much to be criticized regarding the cluster system and humanitarian reform and their implementation in Haiti.⁴¹ Upon my departure from Haiti in April 2010, having conducted the IASC real-time evaluation for the international response, I shared this gloom about the international humanitarian system. With some distance, however, and from a scientific perspective, I believe this generalized critique must be rejected for three reasons.

First, a single case is not enough to condemn an entire system. Based on an analysis of six case studies (including Haiti), the IASC Cluster Approach Evaluation II concluded that the benefits of the cluster system ‘slightly outweigh its cost and shortcomings.’⁴² In light of the difficult history of humanitarian coordination,⁴³ this ‘slightly’ should prevent us from leaping to the conclusion of system failure with respect to Haiti. Reform, particularly reform across large and diverse organizations such as the UN, large international NGOs and the ICRC, takes a lot of time. And by ‘a lot of time’, we are referring to decades, not years.⁴⁴ If actors have a genuine interest in improving humanitarian assistance, they should thus refrain from calling for the reform of the reform too quickly. Nevertheless, this is exactly what happened. Following the experience of two

⁴⁰ Yo Pale, Ann Kite (2011) ‘Let Them Speak: Best Practice and Lessons Learned in Communication with Disaster Affected Communities.’ *InfoAsAid*, <http://infoasaid.org/research/ann-kite-yo-pale-best-practice-and-lessons-learned-communication-disaster-affected-communit> (accessed 26/07/2013); Wall, Imogen (2011) ‘Delivering Communications in an Emergency Response: Observations from Haiti.’ *Humanitarian Exchange Magazine* (52) 2011. <http://www.odihpn.org/humanitarian-exchange-magazine/issue-52/delivering-communications-in-an-emergency-response-observations-from-haiti> (accessed 26/07/2013).

⁴¹ See Francois Grünewald and Andrea Binder (2012) ‘Inter-agency Real-time Evaluation in Haiti: 3 Months After the Earthquake.’ (Plaisians: Berlin) http://www.gppi.net/fileadmin/media/pub/2010/binder_2010_haiti-RTE.pdf (accessed 22/07/2013); IASC. 2010. ‘Response to the Humanitarian Crisis in Haiti: Following the 12 January 2010 Earthquake.’ <http://reliefweb.int/report/haiti/response-humanitarian-crisis-haiti-following-12-january-2010-earthquake-achievements> (accessed 26/06/2013); Bhattacharjee, Abhijit/Roberta Lossio (2011) ‘Evaluation of OCHA Response to the Haiti Earthquake.’ <https://ochanet.unocha.org/p/Documents/Evaluation%20of%20OCHA%20Response%20to%20the%20Haiti%20Earthquake.pdf> (accessed 26/07/2013) overview at <http://www.alnap.org/current/haitiportalresources.aspx>

⁴² Andrea Binder and Francois Grünewald (2009) *Cluster Evaluation Phase II Country Study Haiti*. http://www.gppi.net/fileadmin/gppi/GPPI-URD_Cluster_II_Evaluation_HAITI_e.pdf (accessed 26/07/2013); Julia Steets, Francois Grünewald, Andrea Binder et.al. (2010) *Cluster Evaluation Phase II Synthesis Report*, p. 11. http://www.gppi.net/fileadmin/gppi/GPPI-URD_Cluster_II_Evaluation_SYNTHESIS_REPORT_e.pdf, (accessed 26/07/2013).

⁴³ Maurer, Tim (2013) ‘Governing International Humanitarian Assistance: The Politics of a Business that is about Saving Lives’; Barnett, Michael and Thomas G. Weiss (2008) ‘Humanitarianism: A Brief History of the Present.’ In: Michael Barnett/Thomas G. Weiss (eds.). *Humanitarianism in Question – Politics, Power, and Ethics*. (Ithaca: Cornell University Press); Donini, Antonio (1996) *The Policies of Mercy: UN coordination in Afghanistan, Mozambique, and Rwanda*. Occasional Paper series #22 (Providence: Brown University; Thomas J. Watson Jr. Institute for International Studies).

⁴⁴ On institutional change, see, for example North, Douglass C (1993) ‘Towards a Theory of Institutional Change.’ In: *Political Economy: Institutions, Competition and Representation: Proceedings of the Seventh International Symposium in Economic Theory and Econometrics*. William A. Barnett, Melvin J. Hinich, Normal J. Schofield (eds.) (Cambridge: Cambridge University Press) 61-69; Pierson, Paul (2000) ‘Increasing Returns, Path Dependence, and the Study of Politics.’ *The American Political Science Review* 94(2): 251-67.

exceptionally large disasters in 2010 – Haiti and the Pakistan floods – international humanitarian reform was profoundly questioned. At the same time, many smaller, less controversial crises were overlooked as potential evidence for the evaluation as to how well (or poorly) ‘the system’ actually performed. The cases of Haiti and Pakistan were sufficient such that key actors, including the Emergency Response Coordinator Valerie Amos, felt it necessary to invent a new rallying cry: The Transformative Agenda.⁴⁵ The humanitarian reform process is now politically endangered before its complete establishment and implementation.

Second, if we want to evaluate whether Haiti has been a system failure, we need to disaggregate ‘Haiti’ into two separate large-scale disasters – the earthquake and the cholera epidemic. Although the geographic location is the same, the two Haitian disasters were distinct. The earthquake was a sudden-onset urban disaster. The vast majority of casualties occurred within the first few hours after the earthquake struck. It caused the visible destruction of life and infrastructure. This conspicuous destruction made the required response fairly obvious to humanitarian specialists and generalists alike. The earthquake was widely mediatized and funded. It concerned all humanitarian sectors, from child protection to food assistance.

The cholera outbreak, in contrast, began as a silent disaster with a mere three cases in rural Artibonite.⁴⁶ It was essentially neglected by the media and suffered from donor fatigue (although, as Biquet points out, many organizations continued to have more than enough money on hand due to the financial largess they experienced in the aftermath of the earthquake). The outbreak mainly affected the health, water and sanitation sectors of humanitarian response, requiring health specialists to devise an accurate and effective strategy.

Moreover, in between these two Haitian emergencies, a third sweeping humanitarian crisis erupted with floods in Pakistan. The flood response drew many humanitarian workers from the Caribbean to Central Asia. As a result, the international humanitarian staff that conducted the earthquake response, including cluster coordinators and heads of agencies, had been nearly completely transferred out of the country when the cholera epidemic broke out.

‘One country. One year. Two different disasters. Two different performances of the cluster system, at least from the point of view of the health sector. During the earthquake response the cluster system was actually helpful. During the cholera response, it failed us.’⁴⁷ This is the bottom-line for a former senior MSF staffer, one of the few people involved in the response to both Haitian emergencies. For him, the varying performance of ‘the system’ derives from differences in individual leadership – an analysis supported by third-party evaluations of humanitarian coordination during the two disasters.⁴⁸ Whereas an emergency-oriented individual led the health cluster during the earthquake

⁴⁵ Interview with OCHA, Geneva, July 2013.

⁴⁶ Telephone Interview with former MSF staff, July 2013.

⁴⁷ Telephone Interview with former MSF staff, July 2013.

⁴⁸ Francois Grünewald and Andrea Binder (2010) ‘Inter-agency Real-time Evaluation in Haiti: 3 months After the Earthquake.’ (Plaissions: Berlin) http://www.gppi.net/fileadmin/media/pub/2010/binder_2010_haiti-RTE.pdf, (accessed 22/07/2013); Patrick, Jonathan (2011) ‘Evaluation Insights. Haiti Earthquake Response: Emerging Lessons Learned’, <http://www.oecd.org/countries/haiti/50313700.pdf>, (accessed 26/07/2013); Bhattacharjee, Abhijit and Roberta Lössio.

response, the WHO/PAHO Head of Office at the time of the cholera outbreak was development-oriented. Lacking experience in cholera response (as the disease is not endemic in Latin America), the cluster lead decided to back the demands of the Haitian Ministry of Public Health and Population for the capacity-building required to allow the Haitian government to address cholera itself. After all, at the time, the outbreak was limited to only three cases. Although correct in principle – particularly considering the gross undermining of the Haitian government's capability and authority during the earthquake response – this decision proved deadly.⁴⁹ Within weeks, the disease spun out of control, catching a large portion of the humanitarian community unprepared.⁵⁰ Only the two organisations that stayed outside the cluster strategy – MSF and the Cuban Medical Brigades – were prepared for the wave of cholera infections that befell Haiti in autumn 2010. As Biquet points out, they collectively treated 80 per cent of all cases in 2010/11. 'Nevertheless, if you want to, you can find something good about the cluster, even in this case. Without it, WHO/PAHO might never have come up to MSF and tell us about these three cases in Artibonite. This information was crucial for our timely response.'⁵¹

A third reason the Haiti responses do not demonstrate systemic failure is logical fallacy in attributing the behaviour of cluster members to the approach itself. Biquet argues that there were too many actors without sufficient experience or expertise present in Haiti. This claim is backed by evidence.⁵² He blames this problem upon the cluster system's purported tendency 'to legitimise all actors that aim to take part, regardless of their real capacity or impact' (p. 5). International humanitarian response, however, faced a nearly identical situation in Sri Lanka after the tsunami, before the cluster system was even born. The cluster approach, moreover, was never intended to function as a selection mechanism, but rather to coordinate actors on the ground. Interestingly, the system was flexible enough to develop an informal selection mechanism during the Haiti earthquake response. The WHO, together with five relevant health organizations (including MSF), formed a 'baby-cluster' to discuss strategic questions, while general cluster meetings were used to share information and so on.⁵³ Nevertheless, this approach does not make the necessary step of tackling the lack of a selection mechanism at the systemic level. Attempts to do so through certification schemes and legal regulations

(2011) 'Evaluation of OCHA Response to the Haiti Earthquake' <https://ochanet.unocha.org/p/Documents/Evaluation%20of%20OCHA%20Response%20to%20the%20Haiti%20Earthquake.pdf>, (accessed 26/07/2013).

⁴⁹ See, for example, Bhattacharjee, Abhijit and Roberta Lossio. (2011) 'Evaluation of OCHA Response to the Haiti Earthquake' <https://ochanet.unocha.org/p/Documents/Evaluation%20of%20OCHA%20Response%20to%20the%20Haiti%20Earthquake.pdf>, (accessed 26/07/2013); Doucet, Isabeau (2011) 'The Nation: NGOs Have Failed Haiti,' <http://www.npr.org/2011/01/13/132884795/the-nation-how-ngos-have-failed-haiti>, (accessed 26/07/2013); IASC (2011) 'Inter-Agency Real-Time Evaluation of the Humanitarian Response to the Earthquake in Haiti: 20 months after,' [http://www.unicef.org/evaluation/files/IA_RTE_Haiti_phase_2_final_report\(1\).pdf](http://www.unicef.org/evaluation/files/IA_RTE_Haiti_phase_2_final_report(1).pdf), (accessed 26/07/2013).

⁵⁰ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5945a1.htm?s_cid=mm5945a1_w

⁵¹ Telephone interview with former MSF staff, July 2013.

⁵² For example, Paul Farmer (2012); Francois Grünewald and Andrea Binder (2010).

⁵³ Francois Grünewald and Andrea Binder (2012) 'Inter-agency Real-time Evaluation in Haiti: 3 Months After the Earthquake.' (Plaisians: Berlin) http://www.gppi.net/fileadmin/media/pub/2010/binder_2010_haiti-RTE.pdf (accessed 22/07/2013).

have gained momentum in recent years, but they remain at the margins of humanitarian discourse.⁵⁴

Transparency regulations for commodity traders

While not solely sufficient as a tool for realizing change, transparency does address one problem at the core of the rentier political economy: informational asymmetries. The political elite who control countries like Angola, the DRC and Turkmenistan hold onto important information in order to expand the ease and discretion with which they operate. These imbalances in information occur between the state and its citizens, as well as within government itself. In Nigeria, for example, the government's finance agencies and the national oil company regularly disagree on how much money one party owes to the other, with the former unable to access adequately detailed information about oil revenue generation. As a result, the public, accountability actors like journalists, and parliamentarians and even government officials cannot engage in an informed debate about natural resource governance.

Switzerland itself illustrates this point. As noted by the Berne Declaration (a NGO coalition), the Federal Administration's own March 2013 report failed to disclose how much commodity trading companies pay in taxes to Switzerland, stating, 'There are, at present no figures available on tax revenues deriving from the commodities industry' (Berne Declaration, 2013). If the public is meant to weigh the benefits and costs of hosting these massive companies, and to consider what policy response is appropriate, the amount of tax revenues is a crucial fact to consider.

Dr. Thut, in his paper, calls for 'the design and further refinement of the regulatory framework in Switzerland, in so far as relevant to the nexus between commodity issues and the legitimate interests and needs of developing countries.' The U.S. and the E.U., themselves home to many large oil and mining companies, have responded to this same challenge by introducing regulations that require extractive companies to publish the payments they make to foreign governments on a per project basis. Following this lead, and ensuring that the laws apply to commodity traders, represents a basic first step to ensure coherence between regulation at home and development programs abroad.

Commodity trading is in particular need of this kind of regulation. The deals between traders and governments, both the purchase of raw materials and the sale of refined products, often have massive financial implications for developing countries. To give a sense of the scale, for example, Glencore was just awarded the license to buy oil from the government of Chad. In January 2013, the company shipped its first cargo of 950,000 barrels.⁵⁵ This single sale would net at least USD 80 million. This may represent a small- or medium-sized deal for Glencore, but for a poor country like Chad, this is a massive transaction: the revenues from this single sale are enough to pay for half of the country's yearly education budget. In countries including Nigeria,

⁵⁴ <http://www.schr.info/certification-project/> (accessed 26/07/2013); <http://ifrc.org/PageFiles/41194/113600-idrldeskstudy-en.pdf>, p. 90ff.

Congo-Brazzaville, Azerbaijan, Yemen, Iraq, Libya, South Sudan and Angola, the sale of oil by the state generates more than half of government revenues. For many others states, these sales generate the single largest revenue stream.

On the import side, oil trader Trafigura currently supplies *all* of Angola's fuel needs, which is a multi-billion dollar business. And these sales can be corruption-prone: Nigeria spent USD 22 billion on fuel subsidies from 2009-2011, with significant fuel being bought from Swiss traders such as Mercuria and Trafigura, and around USD 7 billion was lost due to a scam of historic proportions.⁵⁶

Without the disclosure of basic information around commodity sales, corruption risks increase, and there is little chance for citizens, journalists and parliaments to know how much their country receives for its public resources. Requiring companies to operate in a transparent and responsible manner does not constitute unfair or uncompetitive treatment. Trading companies are huge global players that buy billions of dollars of oil and minerals from poor countries. Wherever they are headquartered in the world, they should be the subject of robust oversight and scrutiny. Ensuring this is the case is a basic responsibility of the home government, and one which the Switzerland should not avoid.

Opacity in payments by traders is not the only practice requiring the attention of the Swiss authorities. Other practices that generate concern include the influence of huge traders on global market and price integrity, the trade in stolen oil, such as from Nigeria, or sanctioned oil, such as from Iran, and taxation and transfer pricing abuses by trading companies. But given the precedent set by the US and EU governments, and the prevalence of high-value deals between trading companies and producer countries with bad governance, robust and mandatory reporting standards are a good place to start tackling some of the challenges associated with such trade.

An Inadequate Style of Criticism

In this reaction to Jean-Marc Biquet's critique of the international response in Haiti, I gave the cluster system greater benefit of the doubt than I have in the past. This is not to 'shy away' (p. 6) from making mistakes transparent and calling for accountability. Our IASC real-time evaluation was outspoken about leadership failures, sidelining local initiatives and other shortcomings. However, the style of criticism levied by MSF against the cluster approach makes it necessary to call for a more nuanced analysis.

The *raison d'être* of MSF, of course, is to speak out. Increasingly, its 'témoignage' seems to highlight not only the situation of affected people but also the failures of the humanitarian system. It includes an admirable transparency about the organization's own difficulties.⁵⁷ This transparency, in combination

⁵⁷ see MSF (2011), *Humanitarian Negotiations Revealed: The MSF Experience* <http://www.msf-crash.org/livres/en/humanitarian-negotiations-revealed> (accessed 02/11/2013).

with the organization's high-quality work in Haiti, makes it particularly well placed to offer criticism.⁵⁸

Biquet perceives this criticism as a duty, arguing, 'it would be irresponsible to hide behind [...] Haiti's exceptional situation [...] of suffering two large-scale disasters in quick succession [...] and shy away from questioning the coordination system and the real capacity for aid that it offers [...].' But humanitarian practitioners and academics have not refrained from self-criticism in the case of Haiti. What is lacking is not criticism, but productive ideas as to how to make the system work, improve coordination and leadership, respect local initiatives, and limit the number of actors in large-scale, easily accessible disasters.

It is time for MSF to grow out of the role of the nagger and start shaping the discourse about the future of collective humanitarianism constructively.

58 MSF (2011) *OCG response to cholera in Haiti* http://evaluation.msf.at/fileadmin/evaluation/files/documents/reports/Eval_Report_Cholera_Haiti_external_Dec_2011.pdf (accessed 02/11/2013).